

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <u>By Dr. Englehardt ONLY</u></p> <p>X <u>Wanda G. Galt</u> <input type="checkbox"/> Addressee</p>	
<p>1. Article <u>Dr. Samuel Englehardt</u>  <u>c/o the Health Care Unit</u>  <u>Julia Tutwiler Prison for Women</u>  <u>8966 Highway 231</u>  <u>Wetumpka, AL 36092</u></p>		<p>B. Received by (Printed Name) <u>Wanda G. Galt</u></p> <p>C. Date of Delivery <u>05/14/06</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number <u>2:06cv172 (own #14, order #5, comp)</u></p> <p>(Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7005 1160 0001 2962 4165</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	